

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## APPLICATION INFORMATION FORM

### ATTENTION

### IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### APPLICATION FOR LICENSE TO PRACTICE PHYSICAL THERAPY

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State) (Country)

Date Diploma Granted: \_\_\_\_\_  
month/day/year

Degree: \_\_\_\_\_

Specialty: \_\_\_\_\_

#### BOARD OFFICE USE ONLY

Temporary Permit Requested: \_\_\_\_ Yes \_\_\_\_ No

APPLICATION FEES Please check applicable blank: Make check payable to the Department of Regulation and Licensing & attach to this application.

\_\_\_\_ NPTE & State Law  
\$ 53.00 Initial Credential Fee  
\$ 57.00 State Law Exam  
\$ 15.00 Contract Exam Fee  
**\$125.00 Total Fee Attached**

NPTE Exam and Fee (must apply directly to FSBPT at [www.fsbpt.net/pt](http://www.fsbpt.net/pt))

\_\_\_\_ Request for a Temporary License (exam candidate only)  
**\$ 10.00** Is required in addition to the above fee (*non-refundable*)

\_\_\_\_ Endorsement of NPTE  
(From FSBPT)  
\$ 53.00 Initial Credential Fee  
\$ 57.00 State Law Exam  
**\$110.00 Total Fee Attached**

\_\_\_\_ Reciprocity by Old State Board  
Exam. (Prior to 1969)\*  
\$ 62.00 Initial Credential Fee  
\$ 57.00 State Law Exam  
**\$119.00 Total Fee Attached**

ORAL EXAMINATION: **\$266.00**

If you should be selected for an oral examination, the additional oral examination fee will be required prior to being scheduled for the exam

#578 (Rev.4/03)  
Ch. 448, Stats.

**For Receipting Use Only**

# Wisconsin Department of Regulation & Licensing

## APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Copy of professional diploma and translation  
if necessary.

Certificate of Professional Education  
(Form #1486).

Fee(s) attached to this application.

NPTE Form and fee filed with FSBPT (NPTE candidates only)

Scores for TOEFL, TWE and TSE (foreign trained only)

National Physical Therapist Assistant Examination Scores  
(must be sent directly from FSBPT)

Letters from all State Boards where licensed  
(includes active and inactive licenses).

Copies of malpractice suit(s).

Completed Education Evaluation Report from a Board  
approved evaluation service (foreign trained only)

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

**PRACTICE:** Account for all activities and practice from date of graduation to the present time. Must include professional and nonprofessional activities. ALL dates and time must be accounted for.

	<u>LOCATION</u> <u>EMPLOYER NAME, CITY, STATE &amp; COUNTRY</u>	<u>DATES (from - to)</u> <u>MO/YR</u>	<u># OF HOURS</u> <u>PER WEEK</u>	<u>JOB TITLE</u> <u>&amp; DUTIES</u>
1.				
2.				
3.				
4.				

## I AM CREDENTIALIAED IN THE FOLLOWING STATES (UNLIMITED):

By Written Exam: \_\_\_\_\_

By Endorsement/Reciprocity: \_\_\_\_\_

**YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALIAED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.**

## ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever failed to pass any state board examination, national board examination, or NPTE examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>

# Wisconsin Department of Regulation & Licensing

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 5. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have your privileges ever been limited or removed? If yes, give details on an attached sheet.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.   | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice physical therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned physical therapy judgments and to learn and keep abreast of physical therapy developments; and
2. The ability to communicate those judgments and physical therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform physical therapy tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

# Wisconsin Department of Regulation & Licensing

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- |  | <u>YES</u>               | <u>NO</u>                |
|--|--------------------------|--------------------------|
| 13. Do you have a medical condition which in any way impairs or limits your ability to practice physical therapy with reasonable skill and safety? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does your use of chemical substance(s) in any way impair or limit your ability to practice physical therapy with reasonable skill and safety? If yes, please explain.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you currently engaged in the illegal use of controlled dangerous substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

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## AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Physical Therapists Affiliated Credentialing Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
State

My Commission Expires: \_\_\_\_\_

**SEAL**

**NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.**

# Wisconsin Department of Regulation & Licensing

**SOCIAL SECURITY NUMBER.** Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name

\_\_\_\_\_  
Profession

Date of Birth

\_\_\_\_\_  
month

\_\_\_\_\_  
day

\_\_\_\_\_  
year

-  -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

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Website: <http://www.drl.state.wi.us>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### BUREAU OF HEALTH PROFESSIONS

#### IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

# Department of Regulation & Licensing

State of Wisconsin  
(608) 266-2811

TTY# (608) 267-2416  
TRS# 1-800-947-3529

hearing or speech  
impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 261-7083

## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### PHYSICAL THERAPY LICENSURE INFORMATION

All applicants are required to pass the national physical therapist examination as well as an open book examination on Wisconsin Statutes and Administrative Code.

#### **National Physical Therapy Examination (NPTE)**

NPTE registration form and fee must be submitted directly to FSBPT at <https://www.fsbpt.net/pt>

**IMPORTANT: THIS MUST BE FILED WITH FSBPT AT THE SAME TIME THE WISCONSIN APPLICATION IS FILED WITH THE DEPARTMENT. INFORMATION BOOKLETS FOR CANDIDATES ON THE NPTE ARE FOUND AT [www.fsbpt.org](http://www.fsbpt.org)**

#### **Candidates who have written the NPTE in another state**

Scores must be requested and forwarded to the Wisconsin Department of Regulation and Licensing. For score transfer information contact FSBPT at <https://www.fsbpt.net/pt>

#### **Oral Examination Candidates**

Applicants **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice physical therapy with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice physical therapy with reasonable skill and safety;
3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;
4. has within the past 2 years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of physical therapy education, postgraduate training, hospital practice, or other physical therapy employment;
6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime the circumstances of which substantially relate to the practice of physical therapy;
8. has not practiced physical therapy for a period of 3 years prior to application, unless the applicant has been graduated from a school of physical therapy within that period;
9. has been graduated from a physical therapy school not approved by the board.

An applicant who meets any of the above criteria, #1-9 will be reviewed by the Physical Therapists Affiliated Credentialing Board members. The Board shall determine whether the applicant is eligible for a regular license without completing an oral examination.

All examinations shall be conducted in the English language. Where both written and oral examinations are required they shall be scored separately and the applicant is required to achieve a passing grade on both examinations to qualify for a license.

If you are selected to appear for an oral examination, you will be advised of the date upon completion of your application.

# Wisconsin Department of Regulation & Licensing

## TEMPORARY LICENSURE

A temporary license will be issued to only one place of employment and cannot be transferred to another place of employment during the duration of the temporary license.

You may not begin practicing physical therapy in Wisconsin unless you have either a permanent or temporary license.

**NOTE:** ONLY ONE TEMPORARY LICENSE WILL BE ISSUED PRIOR TO PERMANENT LICENSURE.

# Department of Regulation & Licensing

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(608) 266-2811

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TRS# 1-800-947-3529 ] impaired only

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## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### FOREIGN-TRAINED PHYSICAL THERAPY CANDIDATES

Verification of educational equivalency shall be obtained from a board-approved foreign graduate evaluation service.

You shall submit the following to an approved foreign graduate evaluation service.

1. A verified copy of transcripts from the schools from which secondary education was obtained.
2. A verified copy of the diploma from the school at which professional physical therapy training was completed;
3. A record of the number of class hours spent in each subject for both pre-professional and professional courses. For subjects which include laboratory and discussion sections, the hours must be described in hours per lecture, hours per laboratory, and hours per discussion per week. Information must include whether subjects have been taken at basic entry or advanced levels; and
4. A syllabus which describes the material covered in each subject completed.
5. Applicants who have been educated in the United Kingdom, must include whether subjects have been taken at the ordinary or advanced level.

The board shall determine whether the applicant's educational training is equivalent to a school of physical therapy approved by the board.

The cost of the evaluation shall be paid by the applicant prior to release of the results. Fees are based on the amount of time required to evaluate, and therefore may vary.

The completed evaluation from a foreign graduate evaluation service must be submitted to the Wisconsin Physical Therapists Affiliated Credentialing Board for consideration as a candidate for licensure.

Board-approved foreign graduate evaluation services are:

International Consultants of Delaware, Inc.  
109 Barksdale Professional Center  
Newark, DE 19711  
(302) 737-8715

International Credentialing Assoc.  
Bryan Dairy Business Park II  
7245 Bryan Dairy Rd  
Largo, FL 33777  
(727) 549-8555  
Fax: (727) 549-8554

International Education  
Research Foundation  
Credentials Evaluation Service  
PO Box 3665  
Culver City, CA 90231  
(310) 258-9451  
Fax: (310) 342-7086  
Website: [www.ierf.org](http://www.ierf.org)

Foreign Credentialing Commission  
on Physical Therapy, Inc.  
PO Box 25827  
Alexandria, VA 22313-9998  
(703) 684-8406  
E-Mail: [fccept@fsbpt.org](mailto:fccept@fsbpt.org)

# State of Wisconsin Department of Regulation & Licensing

All foreign-trained physical therapy candidates must take and pass the TOEFL examination, the Test of Written English (TWE) and the Test of Spoken English (TSE). A score report for all three examinations must be received by the Board directly from Educational Testing Service (ETS) prior to admission to an oral examination. The score reports must be received no less than three weeks before that oral examination.

TOEFL is a "Test of English as a Foreign Language." The purpose of the TOEFL test is to evaluate the English proficiency of people whose native language is not English. The tests uses a multiple-choice format to measure the ability to understand North American English. It consists of three sections.

TOEFL tests are given on various dates in Wisconsin at locations in Beaver Dam, LaCrosse, Ladysmith, Madison and Milwaukee. The tests are also given elsewhere throughout the USA, and at various locations throughout the world. More information on the TOEFL can be found online at [www.toefl.org](http://www.toefl.org). **The passing score for the TOEFEL written exam is 560 and the computer exam is 220.**

The Test of Spoken English measures the ability of nonnative speakers of English to communicate orally in English. The test is approximately 20 minutes long. More information on the TSE can be found online at <http://www.toefl.org/edabttse.html>. **The passing score for the TSE is 50.**

The Test of Written English (TWE<sup>®</sup>) provides information about an examinee's ability to generate and organize ideas on paper, to support those ideas with evidence or examples, and to use the conventions of standard written English. It is intended to complement TOEFL<sup>®</sup> Section 2 (Structure and Written Expression). More information on the TWE can be found online at <http://www.toefl.org/edabttwe.html>. **The passing score for the TWE is 4.5.**

If you have questions about any of these examinations, please contact: TOEFL/TSE/TWE Services, Post Office Box 6151, Princeton, NJ 08451-6151, USA, or telephone them at (609) 951-1100, or register.

All foreign-trained candidates are required to take and pass the national license examination approved by the board. An applicant must meet all other licensure requirements prior to taking the licensure examination. Candidates will also be required to take an open book examination on Wisconsin Statutes and Administrative Rules.

The Wisconsin Physical Therapy Affiliated Credentialing Board has made it a policy that any graduate of a physical therapy program not approved by the American Physical Therapy Association shall pass an oral examination before being issued a license to practice in Wisconsin.

## **TEMPORARY CREDENTIAL**

Foreign-trained physical therapy applicants cannot obtain a temporary credential until they are physically in this country. Additionally, foreign-trained applicants must have taken and passed the TOEFL, the TSE and the TWE. The department must receive an official score report from ETS for each of the three examinations before a temporary credential will be issued. If an applicant fails any examination, the temporary credential becomes null and void. (For further temporary credential information, see Form #1400).

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## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### PHYSICAL THERAPY CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHYSICAL THERAPY SCHOOL  
AND RETURNED TO THE PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

#### APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last)

\_\_\_\_\_

Social Security Number\*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

ADDRESS (City, State, Zip)

\_\_\_\_\_

Date of Graduation

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION

\_\_\_\_\_

LOCATION OF INSTITUTION

\_\_\_\_\_

DEGREE AWARDED

\_\_\_\_\_

MAJOR

\_\_\_\_\_

DATE DIPLOMA GRANTED

\_\_\_\_\_

\_\_\_\_\_  
Signature of Dean or Department Head

\_\_\_\_\_  
Date

**SCHOOL SEAL**

\* For use in the school locating your records.

#1486 (Rev. 14/03)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

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## PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### REQUEST FOR TEMPORARY LICENSE FOR PHYSICAL THERAPY

NAME OF APPLICANT: (Please Print) \_\_\_\_\_  
(Last, First, Middle)

- ☐ I am a graduate of a board approved physical therapy school and I have applied to take the physical therapy licensure examination.
- ☐ I am a graduate of a board approved physical therapy school. I have taken the physical therapy licensure examination and am awaiting results.

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### AFFIDAVIT OF SUPERVISING PHYSICAL THERAPISTS

I request that a temporary license to practice physical therapy in the State of Wisconsin be issued to \_\_\_\_\_, effective \_\_\_\_\_. I am aware that a temporary license to practice physical therapy under supervision granted under Chapter PT 3 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for regular license to practice physical therapy. A temporary license to practice physical therapy under supervision shall automatically expire 3 months from the effective date.

\_\_\_\_\_  
Signature and Title of Supervisor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Name and Wisconsin PT License No.

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Location of Practice

\_\_\_\_\_  
Date

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Website: <http://www.drl.state.wi.us/>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth _____ month      day      year	Social Security Number _____ Information helps us identify your record, but is voluntary. It is not available to the public.
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Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: \_\_\_\_\_
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

**It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.**

OFFENSE

DATE

CITY/STATE

Attach additional sheet(s) if necessary.

# Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

(Check all that apply)

4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are pending. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature _____	Date _____
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Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public _____	Date _____
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My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

# Wisconsin Department of Regulation & Licensing

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935

**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703

**E-Mail:** [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
**Website:** <http://www.drl.state.wi.us>

## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

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1400 E. Washington Avenue  
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Website: <http://www.drl.state.wi.us>

## APPLICATION PACKET ADDENDUM (INTERNET)

### Physical Therapist Exam Application Packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

### PLEASE PRINT OR TYPE

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
PO Box

\_\_\_\_\_  
City, State, Zip

Thank you.

#2612 (4/03)